



# RESIDENTIAL SHORT PERMIT

## TOWN OF MASHPEE

BUILDING DEPARTMENT

PH: 508 539 1406

FAX: 508 539 1142

Est. Cost of Construction \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_ Zone \_\_\_\_\_

### PRINT

ADDRESS \_\_\_\_\_

Flood Zone: YES \_\_\_\_\_ NO \_\_\_\_\_ Wetlands: YES \_\_\_\_\_ NO \_\_\_\_\_ Historic District YES \_\_\_\_\_ NO \_\_\_\_\_

Owner \_\_\_\_\_ Tel. # \_\_\_\_\_

Contractor \_\_\_\_\_ Tel. # \_\_\_\_\_

CSL No. \_\_\_\_\_ HIC No. \_\_\_\_\_

**Workman's Comp:** Home Owner doing work \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ I have Worker's Comp. \_\_\_\_\_  
We are a Corporation \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Policy No. \_\_\_\_\_

**WORK TO BE PERFORMED\*** Stripping Old Shingles \_\_\_\_\_ Re-Roof/No. of Sq. \_\_\_\_\_

Insulation \_\_\_\_\_ Siding \_\_\_\_\_ Shed (10x12 smaller) \_\_\_\_\_ Ramp \_\_\_\_\_ Demo \_\_\_\_\_

\_\_\_\_\_ Replacement Door/No. \_\_\_\_\_ Replacement windows/No. \_\_\_\_\_ Skylights \_\_\_\_\_

\_\_\_\_\_ Tent/Size \_\_\_\_\_ Up Date \_\_\_\_\_ Down Date \_\_\_\_\_

Other: \_\_\_\_\_

\*Debris will be disposed at \_\_\_\_\_

I declare under the penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for the denial or revocation of my license and for prosecution under M.G. L. Ch. 268, Sec. 1. *Persons contraction with unregistered contractors do not have access to the Guaranty Fund (MGL c. 142a).*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Fee \_\_\_\_\_ Date Issued \_\_\_\_\_ **Permit expires 6 months for issue date**